IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

JENNIFER L. RYAN,	§	
	§	
Plaintiff,	§	
	§	
v.	§	Civil Action No. 3:25-cv-00325-X-BT
	§	
UNITED STATES DEPARTMENT	§	
OF JUSTICE and KAREN E. ROCHLIN,	§	
	§	
Defendants.	§	

PROOF OF SERVICE ON ATTORNEY GENERAL PAM BONDI

I, Chase Smiley, over 18 years of age and not a party to this action, certify that I served the summons and complaint (Docket No. 5) on the United States Department of Justice by certified mail, return receipt requested, to 950 Pennsylvania Avenue NW, Washington, D.C. 20530, on February 12, 2025, at the direction of Jennifer L. Ryan. Service was completed on March 20, 2025, as confirmed by the United States Postal Service and evidenced by the attached return receipt (Exhibit A). This complies with Fed. R. Civ. P. 4(i)(2) for service on a United States agency.

Date: April 22, 2025

Chase Smiley

407 E. Tyler St.

Richardson, TX 75081

chasesmilev@me.com

Submitted by:

/s/ Jennifer L. Ryan

Jennifer L. Ryan, Pro Se 469-491-0587 jennaryanrealty@gmail.com

CERTIFICATE OF SERVICE

I, Jennifer L. Ryan, certify that on April 22, 2025, I will serve a true and correct copy of this Proof of Service on counsel for Defendant DOJ, George Pardis, via email, and on Karen E. Rochlin (pending substituted service) per Fed. R. Civ. P. 5.

/s/ Jennifer L. Ryan

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Print your name and address on the reverse ☐ Agent X so that we can return the card to you. ☐ Address Attach this card to the back of the mailpiece, B. Received by (Printed Name) MAR 2 0 REL 0 C. Date of Delivery or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? If YES, entr.: delivery address below: Service Type D Priority Mail (Phiosso) ☐ Adult Signature ☐ Adult Signature Restricted Delivery Registered Mat Restricted Registered Mat Restricted Delivery Signature Confirmation^{1M} ☐ Certified Mail® ☐ Certified Mail Restricted Delivery 9590 9402 8585 3244 8922 88 Collect on Delivery ☐ Signature Confirmation Restricted Delivery 2. Article Number (Transfer from service Inhalt Collect on Delivery Restricted Delivery ☐ Insured Mail 89 0710 5270 1183 0367 15 ☐ Insured Mail Restricted Delivery (over \$50.7) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

